FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C 20549

FORM D

OMB Approval
OMB Number: 3235-0076
Expires: November 30, 2001
Estimated average burden
hours per response . . . 16.00

TIESHOMSON SEC USE ONLY
Prefix Serial

DATE RECEIVED

NOTICE OF SALE OF SECURITIES HONSON PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering (check if this Offering of Limited Partnership Int			change.)	<u></u>		
Filing Under (Check box(es) that ap	oply): 🗆 Rule 504 🔲 Rule 50	5 🛮 Rule 506 🗆	Section 4(6) DULOE	120	
Type of Filing: 🛮 New Filing 🗀 A	mendment				The Ship	
	A. BASIC	DENTIFICATION	DATA		The acres a	
1. Enter the information requested a	bout the issuer			$N_L u_{30}^{\prime\prime}$	E 5003	
	is an amendment and name has cha	nged, and indicate ch	ange.)	<u> </u>		
Mallette Capital Biotech Fund LP					1 250 1/11 1/2 52	
Address of Executive Offices (Numb		:)		, , , , , , , , , , , , , , , , , , ,	ncluding Area Code)	
850 Third Avenue, 14th Floor, New York, New York 10022 (212) 940-9242						
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Co						
(if different from Executive Offices)						
Brief Description of Business						
Investment Limited Partnership						
Type of Business Organization						
□ corporation	☑ limited partnership, already	formed	□ othe	r (please specify):		
□ business trust	☐ limited partnership, to be for					
		Month	Year			
Actual or Estimated Date of Incorpo	ration or Organization:	1 2	0 3	🛮 Actual 🗖 E	stimated	
Jurisdiction of Incorporation or Org	anization: (Enter two-letter U.S. F	ostal Service abbrevi	ation for Sta	te;	•	
	CN for Canada; FN for	other foreign jurisdict	ion) D	E		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

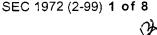
State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice consistues a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMA control number.



A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

 Each general and ma 	nagin	g partner of	partne	ership issuers.					
Check Box(cs) that Apply:		Promoter		Beneficial Ow	ner [Executive Officer		Director	⊠General and/or Managing Partne
Full Name (Last name first, i Mallette Capital Advisors LI		vidual)					<u></u>		
Business or Residence Address 50 Third Avenue, 14th Floor	-				Code)				
Check Box(es) that Apply:		Promoter		Beneficial Owr	er 🛭	Executive Officer of General Partner		Director	☐General and/or Managing Partne
Full Name (Last name first, i Mallette, Quinterol J., M.D.	f indi	vidual)		·					
Business or Residence Addre 850 Third Avenue, 14th Floo					Code)				
Check Box(es) that Apply:		Promoter		Beneficial Own	er C	Executive Officer of General Partner		Director	☐General and/or Managing Partne
Full Name (Last name first, i	f indi	vidual)							
Business or Residence Addre	ss (Nu	umber and St	reet,	City, State, Zip	Code)				
Check Box(es) that Apply:		Promoter		Beneficial Own	er C	Executive Officer of General Partner		Director	General and/or Managing Partner
Full Name (Last name first, in	indiv	vidual)							
Business or Residence Addre	s (Nı	imber and St	reet, (City, State, Zip	Code)				
Check Box(es) that Apply:		Promoter		Beneficial Own	er C	l Executive Officer of General Partner		Director	General and/or Managing Partner
Full Name (Last name first, in	indiv	vidual)							
Business or Residence Addres	s (Ni	ımber and St	reet, (City, State, Zip	Code)				
Check Box(es) that Apply:		Promoter		Beneficial Own	er C	Executive Officer		Director	☐General and/or Managing Partner
Full Name (Last name first, if	indiv	vidual)							
Business or Residence Addres	s (Nu	imber and St	reet, (City, State, Zip (Code)				
Check Box(es) that Apply:		Promoter		Beneficial Own	r C	Executive Officer		Director	☐General and/or Managing Partner
Full Name (Last name first, if	indiv	vidual)							
Business or Residence Addres	s (Nu	imber and St	reet, (City, State, Zip (Code)				

B. INFORMATION ABOUT OFFERING		
	Vas	NI-
1. Has the issuer sold or does the issuer intend to sell, to non-accredited investors in this offering?	Yes □	No ⊠
Answer also in Appendix, Column 2, if filing under ULOE.		
2. What is the minimum investment that will be accepted from any individual?	\$_100,00	00*
	Yes	No
3. Does the offering permit joint ownership of a single unit?	Ø	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
Check "All States" or check individual States)		
[AL] (AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]		
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]		
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]		
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer	<u></u>	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
Check "All States" or check individual States)		
IL] (IN] (IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA]		
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full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Jame of Associated Broker or Dealer		
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AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]		
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RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]		

(Use blank sheet, or copy and use additional coopies of this sheet, as necessary) *minimum investment, subject to waiver by general partner 3 of 8

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box and indicate in the column below the amounts of the securities of			
fered for exchange and already exchanged.			
Type of Security	Aggre Offering		Amount Already Sold
Debt	\$ 0		s 0
Equity	s 0		\$ 0
□ Common □ Preferred	<u> </u>		J
Convertible Securities (including warrants)	\$0		\$0
Partnership Interests	\$ 500,000	,000*	\$1,170,000
Other (Specify)	\$ 0		s 0
Total	\$ 500,000	,000*	\$ 1,170,000
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
	Num! Invest		Aggregate Dollar Amount of Purchases
Accredited Investors	5		\$ <u>1,170,000</u>
Non-accredited Investors	0		\$0
Total (for filings under Rule 504 only)			\$
Answer also in Appendix, Column 4, if filing under ULOE			
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of offering	Туре	of	Dollar Amount
	Secur		Sold
Rule 505			\$
Regulation A		 .	\$
Rule 504			\$
Total			\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an			
expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
Transfer Agent's Fees			\$
Printing and Engraving Costs		\boxtimes	\$_1,000
Legal Fees		\boxtimes	\$_30,000
Accounting Fees			\$0
Engineering Fees			\$0
Sales Commissions (Specify finder's fees separately)			\$
Other Expenses (identify) Filing fees		\boxtimes	\$_4,000
Total		\boxtimes	<u>\$ 35,000</u>

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^{*} The Issuer is offering an unlimited amount of limited partnership interests.

The Issuer does not expect to sell in excess of \$500,000,000 in limited partnership interests. Actual sales may be significantly lower.

Que	estion 1 and total expenses furnished	regate offering price given in response to Pa in response to Part C-Question 4.a. This differ ssuer."	ence		\$	499,96	55,000)*
use an e mus	d for each of the purposes shown. If estimate and check the box to the lef	gross proceeds to the issuer used or proposed the amount for any purpose is not known, fur to of the estimate. The total of the payments little to the issuer set forth in response to Part C-Q	mish isted					
				D	aymer Office irecto Affilia	ers, rs, &	P	ayments To Others
	Salaries and fees			\$_	0	🗆	\$_	0
	Purchase of real estate		. 🗆	\$_	0	🗆	\$_	0
	Purchase, rental or leasing and inst	allation of machinery and equipment,		\$	0	🗆	\$	0
	Construction or leasing of plant by	uildings and facilities	. 🗆	\$	0		\$_	0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger.				0		\$_	0
	•			\$	0		\$	0
	. ,			\$ \$	0	S	-	99,955,000*
				\$ \$	0			0
	Other (speerly)			Ψ_			Ψ	
•	Registration costs		. 🗆	\$	0	🛭	\$_	10,000
	Column Totals		. 🗆	\$	0	🛭	\$ 49	99,965,000*
	Total Payments Listed (column to	tals added)				⊠ \$ 49	9,965	5,000*
		D. FEDERAL SIGNATURE						
followin	ng signature constitutes an undertakin	igned by the undersigned duly authorized pers ng by the issuer to furnish to the U.S. Securition by the issuer to any non-accredited investor pu	es an	d Exc	change	Comm	issio	n, upon written
ssucr (Print or Type)	Signature		Dat	е			
Mallette	Capital Biotech Fund LP	Zu Smiltes		Febr	uary 4	7 . 2004		3
	f Signer (Print or Type)	Title of Signer (Print or Type)			<u>-</u>			
Quinter	ol J. Mallette, M.D.	Managing Member of Mallette Capital Advi	isors	LLC.	, its ge	eneral pa	rtner	
	•							
	·	ATTENTION						
Inten	tional misstatements or omiss	sions of fact constitute federal crimin	al v	iola	tions	. (See	18 U	.S.C. 1001.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

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